



## U.S. DEPARTMENT of STATE

### Eritrea: Report on Female Genital Mutilation (FGM) or Female Genital Cutting (FGC)

Released by the Office of the Senior Coordinator for International Women's Issues

#### Practice:

Type I (commonly referred to as clitoridectomy), Type II (commonly referred to as excision) and Type III (commonly referred to as infibulation) are the forms of female genital mutilation (FGM) or female genital cutting (FGC) practiced in Eritrea. Of the women who have undergone one of these procedures, one-third has been infibulated. Muslims and Christians alike practice FGM/FGC.

#### Incidence:

According to a 1997 Demographic and Health Survey of 5,054 women nationally, 90 percent of women in Eritrea have undergone one of these forms of FGM/FGC. Most girls have this procedure performed while they are under the age of seven. Christian highlanders carry out the procedure on their daughters when they are 40 days old. Muslims, who practice Type III, carry out the procedure one-week after birth. If a mother cannot find an appropriate person to perform the procedure, however, the daughter might have to wait several years for it to take place.

In some ethnic groups, Type III is nearly universal. More than 90 percent of women have been infibulated among the Hedari, Nara, Tigre, Bilen and Afar ethnic groups. In other groups, fewer women have experienced this extreme procedure (41 percent among the Saho; 31 percent among the Kunama and one percent among the Tigrigna). Type III is almost non-existent in the Southern and Central zones of the country.

The Tigray ethnic group (which comprises 30-40 percent of Eritrea's population) performs one of these procedures on girls between the ages of five and seven years. The procedure is generally not performed in Eritrea after the age of seven.

According to the survey, educated women living in Asmara and other large cities and women who are ex-fighters in the war of independence, are least likely to have their daughters undergo this procedure.

#### Attitudes and Beliefs:

Most of those who practice FGM/FGC believe it is a religious requirement. The high prevalence is also due to family and social pressures. Grandmothers are a particular source of pressure for continuing the practice.

There is a widespread belief that women who have not undergone this procedure will be promiscuous. In some cases in which a child's parents have refused to submit their daughter to it, the grandmother has had it done against the parents' wishes.

#### Type I:

Type I is the excision (removal) of the clitoral hood with or without removal of all or part of the clitoris.

#### Type II:

Type II is the excision (removal) of the clitoris together with part or all of the labia minora (the inner vaginal lips).

#### Type III:

Type III is the excision (removal) of part or all of the external genitalia (clitoris, labia minora and labia majora) and stitching or narrowing of the vaginal opening, leaving a very small opening, about the size of a matchstick, to allow for the flow of urine and menstrual blood.

Unless performed in a medical setting, these procedures are usually performed without the use of anesthesia.

#### Outreach Activities:

The Eritrean People's Liberation Front (EPLF), which led the fight for independence and became the government in 1991, has worked since 1988 to eradicate this practice. Thirty percent of the fighting force during the struggle for independence was women. These women have been vocal in articulating their views that women sacrificed during the fighting, not to re-establish

traditions harmful to women, but to protect the status of women within society.

The government has enlisted the leaders of Eritrea's largest religious groups in its campaign against this practice. Because most of those who practice FGM/FGC believe it is a religious requirement, Muslim and Christian leaders explain that it is not a part of either religion.

The National Union of Eritrean Women teaches midwives about the harmful health effects of the practice. This project compliments the campaign of the Ministry of Health. The National Union of Eritrean Youth and Students also conducts anti-FGM/FGC campaigns among the young people.

Public awareness about the health consequences of this practice is low. Therefore, publicizing the health effects is one of the main thrusts in the eradication campaign.

In 1996, the Ministry of Health, on behalf of the government, issued its primary health care guidelines articulating government policy on the practice. The government is committed to eliminating this practice and other harmful traditional practices affecting women. Government policy is that components of women's health care include the prevention of practices such as these. It seeks to provide treatment, counseling and rehabilitation for women who suffer negative consequences as a result of this practice. It also said that unsafe traditional practices would be discouraged by legislation and by educating communities and groups that perform traditional practices.

The Ministry of Health is the primary organization responsible for eliminating these practices. It provides in-service training to all primary health care coordinators from each zone on FGM/FGC and provides each zone with training materials such as visual aids and documents about this practice.

In October 1996, the Health Ministry sponsored a safe motherhood workshop, of which one theme was the negative health impacts of FGM/FGC. It has also worked with the United States Agency for International Development (USAID), the United Nations Children's fund (UNICEF) and the United Nations Population Fund (UNFPA) to design a national and local level campaign to discourage the practice.

In addition to the government's own efforts carried out by the Ministry of Health, it actively supports the eradication activities carried out by the youth and women's organizations. These organizations are supported by the government as they were formerly part of the EPLF during the war for independence.

**Legal Status:**

There is no law against FGM/FGC in Eritrea. The government decided not to outlaw the practice for fear this would drive the practice underground.

During the independence struggle, the EPLF tried to prohibit the practice in areas that it controlled. Parents responded by having the procedure performed clandestinely and avoiding EPLF-run health clinics. Some women gave birth in the bush and infant girls were denied health care by their parents. A number of women and girls died as a result. The failure of this prohibition policy convinced the government to focus on education and persuasion as a means of eliminating this practice.

**Protection:**

Since the procedure is not performed on girls over the age of seven, the issue of women or girls seeking protection from this practice does not arise.

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